



The following Covered Services require Prior Authorization when the Participant's identification card includes one of the Authorized Logos shown in Appendix A. You will be notified promptly when there is a change to the network's standard Prior Authorization requirements, or when a network client requires a modified list of Prior Authorization requirements. You may also visit [www.AdvantUsnetwork.com](http://www.AdvantUsnetwork.com) for a current listing of all network Prior Authorization requirements.

**Provider MUST obtain prior authorization through Key Benefit Administrators, Inc.**

**Prior Authorization Requirements**

- Inpatient Hospitalization
- Partial Hospitalization
- Advanced imaging: PET/SPECT & MRI's (Spine only)
- Durable Medical Equipment > than \$750
- Home Health
- Skilled Nursing Facility
- Chemotherapy/Radiation
- Cardiac & Pulmonary Rehab
- Physical Therapy (> 8 visits)
- Occupational Therapy (> 8 visits)
- Speech Therapy (> 8 visits)
- Corrective Appliances/Prosthesis
- Biotech Drugs\*(See Below)
- Transplants

**\*\*\*FOR MARIAN UNIVERSITY:**

**Specialty Pharmacy Prior Authorizations**

\*Biotech medication requests will be completed by:

CVS/Caremark Pharmacy:

Prior Authorization Phone: 877-860-6415

In cases where multiple procedures are performed, and when it is clinically appropriate, be sure to confirm benefit eligibility for each procedure.